NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



DLN: 93493198007079

Form **990**

Department of the Treasury Internal Revenue

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008
Open to Public Inspection

Servi		evenue					•	
		2008 ca	lendar yea	r, or tax year beginning 01-01-2008 ar	nd ending 12-31-2008			
B Che	eck ıf a	pplicable	Please	C Name of organization AMERICAN ARCHITECTURAL MANUFACTURER:	S ASSOCIATION		D Employer ide	entification number
┌ Add	lress cl	hange	use IRS	AMERICAN ARCHITECTURAL MANUFACTURERS	S ASSOCIATION		13-194089	
┌ Nar	ne cha	inge	label or print or	Doing Business As			E Telephone ni	umber
Init		_	type. See Specific				(847) 303-	5664
Ter			Instruc-	Number and street (or P O box if mail is not of 1827 WALDEN OFFICE SQUARE No 550	delivered to street address)	Room/suite	G Gross receip	ts \$ 3,840,641
			tions.					
☐ Am				City or town, state or country, and ZIP + 4 SCHAUMBURG, IL 60173				
App	olication	n pending						
		ĺ		ne and address of Principal Officer		H(a) Is this	a group return	
				RD G WALKER valden office square suite 550		affılıat	es?	ΓYes Γ No
				nburg, IL 60173		H(b) Are all	affiliates include	ed?
I Ta	x-exen	npt status	501(c)) (6) ◀ (ınsert no)	7			See instructions)
J W	eb sit	e: ► WW	/W AAMAN	ET ORG			Exemption Nu	-
К Тур	e of or	ganızatıon	Corporat	ion		L Year of For	mation 1963 M	State of legal domicile IL
Pa	rt I	Sumi	mary					
	1	Briefly	describe th	e organization's mission or most signific	ant activities			
		PROVI	DE PERFO	RMANCE STANDARDS, CERTIFICATIO	N & EDUCATIONAL	PROGRAMS	FOR THE FEM	NESTRATION
2		INDUS		········· · · · · · · · , · · · ·				
≨								
Ě								
Governance	2	Check t	his box —	if the organization discontinued its oper	ations or disposed of n	nore than 25	5% of its asset	s
	3		,	nembers of the governing body (Part VI,				11
න් රේ	4		_	ident voting members of the governing b			_	11
ĕ	5			nployees (Part V, line 2a)			_	26
Activities &	6			Junteers (estimate if necessary)			5 _	14
æ				,			· .	0
				ted business revenue from Part VIII, lin ness taxable income from Form 990-T,		•	7a _ 7b	
	В	Net um	erated busi	ness taxable income nom Form 990-1,	Deia		Current Veer	
		C t	h t	d and the (D and) (TTT box d b)		Prior	Year	Current Year
ā	8			d grants (Part VIII, line 1h)				0
Revenue	9	_		revenue (Part VIII, line 2g)			3,732,982	3,714,657
統	10			ne (Part VIII, column (A), lines 3, 4, and			157,224	113,654
	11		•	art VIII, column (A), lines 5, 6d, 8c, 9c	, ,		8,077	0
	12	10tair 12)	revenue — a	dd lines 8 through 11 (must equal Part V	/ III, column (A), line		3,898,283	3,828,311
	13		and simila	ar amounts paid (Part IX, column (A), lin	es 1-3)			0
	14			or for members (Part IX, column (A), line	•			0
	15			ompensation, employee benefits (Part IX				<u> </u>
82		10)	,	(2	,,		1,643,398	1,605,891
Expenses	16a	Profes	sional fund	raising fees (Part IX, column (A), line 1:	1e)			0
ੜੇ	ь	(Total f	undraising ex	penses, Part IX, column (D), line 25 ⁰)			
ш	17	•	_	Part IX, column (A), lines 11a-11d, 11	f–24f)		2,310,374	2,481,384
	18		•	add lines 13–17 (must equal Part IX, lii	•		3,953,772	4,087,275
	19		•	penses Subtract line 18 from line 12			-55,489	-258,964
<u>%</u> &		/ - /				Beginnir	ng of Year	End of Year
မှာ မွေ	20	Total	accets (De	t X, line 16)		2-3	4,550,770	4,234,690
35.44 B.34			-					
Net Assets or Fund Balances	21		·	Part X, line 26)			536,519	542,314
	22	_		d balances Subtract line 21 from line 2	0		4,014,251	3,692,376
Pai	rt II	_	ature Bl					
				rjury, I declare that I have examined this return, correct, and complete Declaration of preparer (o				
Plea	se	****		200 property of property (0	sincery is based to	2009-0		any knomeage
Sign			ature of office	27		Date) i - 13	
Here		DIC!	HARD G WALL	ER PRESIDENT AND CEO				
			or print nam					
		1 7			ate		Prenarer's DTIM	√ (See Gen Inst)
D-: :			parer's P	I -	000 07 10	heck if elf-	Frehalet 2 LIII	(See Octi Tip()
Paid			atule F			mpolyed 🕨 🦵	,	
Pre			n's name (or	yours L				
Use Only		ıf se	elf-employed) ress, and ZIP	, + 4			EIN 🕨	
UIII	7	auu	, <i>, , , ,</i> and <i>L</i> IP	DESMOND & AHERN LTD				
				10827 S WESTERN AVENUE			Phone no	(773) 779-4720
		1					TITION F	(, , J , , , , T , L U

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission				
	TO PROVIDE AN OPPORTUNITY FOR window and DEVELOPMENTS IN THE INDUSTRY AND TO SHA SERVICES TO IMPROVE THE INDUSTRY				
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?	gnificant program servic	es during the year which	ch were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?	g or make significant ch	anges in how it conduct	ts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ns and 4947(a)(1) trust	s are required to repor		
4a	(Code) (Expenses \$	ınclı	uding grants of \$) (Revenue \$)
	TO PROVIDE AN OPPORTUNITY FOR WINDOW DEVELOPMENTS IN THE INDUSTRY AND TO S SERVICES TO IMPROVE THE INDUSTRY				
4b	(Code) (Expenses \$	incl	uding grants of \$) (Revenue \$	
4D	To write and enforce, through Certification Pi components, plus specifications and/or certifi Label" are accepted, if not required by many assurance of product quality to builders, deal Certification to which manufacturers may cer	ograms, performance specific cation for framing and sash r Federal, State and Municipal ers, and building and home o	cations for window and door naterials used in window an Building Codes as the forer	r assemblies, performance ve d door assemblies AAMA Cer nost window and door Certific	tification Program and its "Gold cation Program for providing
4c	(Code) (Expenses \$	ınclı	uding grants of \$) (Revenue \$)
	To provide members and non-members with the association's website Members are offer			eloped by the assocaition whi	ch are available for purchase on
4d	Other program services (Describe ii	•			
	(Expenses \$	including grants of \$	<u> </u>	(Revenue \$)
4e	Total program service expenses \$	j	Must equal Part IX, Line	25, column (B).	

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37	_	No

Pa	Statements Regarding Other IRS Filings and Tax Compliance	e				<u> </u>
	,		,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable					
	or U.S. Information Returns. Enter -U- If not applicable	1a	13			
L	Enter the number of Forms W. 2C included in line 15. Fator C. if act analysis line	Ta	13			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this					
	return	2a	26			
b	If at least one is reported in 2a, did the organization file all required federal employmers. Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	_	•	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule (o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?	count	, or other financial ´	4a		No
b	If "Yes," enter the name of the foreign country	port o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemple Tax Shelter Transaction?	t Entit	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?			6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contimore?	trıbutı	on of \$75 or	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services pr	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal proper	rty for	which it was required to			
	file Form 8282?	·		7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	iums on a personal	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8	899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization fi	ile a F	orm 1098-C as			
	required?		500()(3)	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section $501(c)(7)$ organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieud	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	. Governing	Body and	Management
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					Yes	No			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,						
1a	Enter the number of voting members of the governing body	1a	11						
Ь	Enter the number of voting members that are independent	1b	11						
2	Did any officer, director, trustee, or key employee have a family relationship or a bustother officer, director, trustee, or key employee?			2	Yes				
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No			
4	4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the						
а	the governing body?			8a	Yes				
Ь	each committee with authority to act on behalf of the governing body?			8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?			9a	Yes				
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o		• •	9b	Yes				
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the		•	10	Yes				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section of the organization's mailing address? If "Yes," provide the names and addresses in Sc			11		No			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization KAREN ALLEN

1827 WALDEN OFFICE SQUARE SUITE 550 SCHAUMBURG, IL 60173

(847) 303-5859

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

		Posit	(C tion (hat a	chec		1			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Prector	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Gantt Miller	1 00	Х		Х				0	0	0
ROD HERSHBERGER	1 00	Х		Х				0	0	0
Steve Wrubleskı	1 00	Х		Х				0	0	0
Georges Thiret	1 00	Х						0	0	0
STEVE FRONEK	1 00	Х						0	0	0
Bill Deuschle	1 00	Χ						0	0	0
Mark Hınkıe	1 00	Х						0	0	0
DAVID WEBSTER	1 00	Χ						0	0	0
Kevin Seiling	1 00	Х						0	0	0
HenRY TAYLOR	1 00	Х						0	0	0
Phil James	1 00	Х						0	0	0
RICHARD G WALKER	70 00				Х			264,900	0	89,363
John Lewis	40 00					Х		114,114	0	12,521
						<u> </u>				

Continued

		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Institu Indivi	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
1b Total		<u> </u>	<u>. </u>		<u>. </u>		>	379,014		101,884	

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►2

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MANN WEITZ & ASSOCIATES 111 DEER LAKE ROAD 125 DEERFIELD, IL 600159578	ACOUNTING, CONSULTING & FORENSIC AUDIT	186,629
	1	
2 Total number of independent contractors (including those in 1) who received more than s	100,000 in compensation	1

Page **9**

Part Stat

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	La		Revenue		312, 313, 01 314
芸芸	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	c	fundraising events	.b				
ffs, ran	_	:	lc ———				
<u> 2 E</u>	d	Related organizations					
Sin	e f	All other contributions, gifts, grants, and	.e				
產	•	sımılar amounts not ıncluded above					
E G	g	Noncash contributions included					
ပ္မ	h	lines 1a-1f \$ Total (Add lines 1a-1f)	-				
	<u>"</u>	Total (Add lines 14-11)	<u> </u>				
e la	2a	Membership Dues	Business Code 900,099	1,691,848	1,691,848		
Ken	ь	CERTIFICATION & ACCRED	900,099	1,016,789			
<u>æ</u>	С	MEETINGS	900,099	811,861	811,861		
¥Ç.	d	MARKETING	900,099	156,633	·		
38	e	TRAINING FEES	900,099	37,526	37,526		
<u> </u>	f	All other program service revenu	ıe				
Program Serwoe Revenue	g	Total. Add lines 2a-2f					
		> \$ 3,714,657					
	3	Investment income (including di other similar amounts)	· ·	125,984			125,984
	_	Income from investment of tax-exempt	▶	,			,
	4		bona proceeds				
	5	Royalties	(v) Paragrah				
	6a	(1) Real	(II) Personal				
	ь	Less rental					
	c	expenses Rental income					
	d	or (loss) Net rental income or (loss).					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or other basis and	12,330				
	c	sales expenses Gain or (loss)	-12,330				
	d	Net gain or (loss)		-12,330			-12,330
	8a	Gross income from fundraising	<u>.</u>				
	OG.	events (not including					
ще		\$ of contributions reported on line					
₹		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
Other Revenue		\$15,000	а				
ile Lipe	ь	Less direct expenses	ь				
ō	С	Net income or (loss) from fundra	ising events				
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		• •	a				
	ь	Less direct expenses	ь				
	С	Net income or (loss) from gamin	g activities ►				
	10a	Gross sales of inventory, less					
		returns and allowances .	a				
	ь	Less cost of goods sold	ь				
	с	Net income or (loss) from sales	of inventory . 🕒				
		Miscellaneous Revenue	Business Code				
	11a		_				
	b c		-				
		All other row-	_				
	d e	All other revenue Total. Add lines 11a-11d	- [
	12	Total Revenue. Add lines 1h, 2g		3,828,311	3,714,657	0	113,654
		8c,					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).						
Do r	ot include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22					
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	480,898				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$					
7	Other salaries and wages	805,241				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)					
9	Other employee benefits	233,754				
10	Payroll taxes	85,998				
11	Fees for services (non-employees)					
а	Management					
ь	Legal	47,643				
c	Accounting	27,393				
d	Lobbying					
e	Professional fundraising See Part IV, line 17					
f	Investment management fees					
g	Other	571,739				
12	Advertising and promotion	35,940				
13	Office expenses	192,927				
14	Information technology					
15	Royalties					
16	Occupancy	135,949				
17	Travel	175,625				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials					
19	Conferences, conventions and meetings	306,849				
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	53,075				
23	Insurance	21,633				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)					
а	Certification Promotion	367,894				
	Food and Beverage	260,133				
С	Label Sales Rebates	214,281				
d	Miscellaneous	18,304				
e	Dues	16,446				
f	All other expenses	35,553				
25	Total functional expenses. Add lines 1 through 24f	4,087,275				
26	Joint Costs. Check I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	.,				

Part X	Balance	Sheet

					(A) Beginning of year		(E	B) fyear
	1	Cash—non-interest-bearing			1,330,003	1	Liid 0	358,124
	2	Savings and temporary cash investments			2,372,908	2		3,619,752
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net	• •		273,998	4		102,997
	5	Receivables from current and former officers, directors, trustees,	kev e	mnlovees or				
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
\$	9	Prepaid expenses and deferred charges			186,479	9		95,782
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	192,479				
•	ь	Less accumulated depreciation Complete Part VI of	104	102,470				
		Schedule D	10b	134,444	103,438			58,035
	11	Investments—publicly traded securities	•			11		
	12	Investments—other securities See Part IV, line 11 <i>Complete Pai Schedule D</i>	t VII c	of		12		
	13	Investments—program-related See Part IV, line 11 Complete Pa of Schedule D .			13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			283,944	15		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,550,770	16		4,234,690
	17	Accounts payable and accrued expenses			271,337	17		500,107
	18	Grants payable				18		
	19	Deferred revenue			265,182	19		42,207
	20	Tax-exempt bond liabilities			20			
S.	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u>.</u> E		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties		-		23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			536,519	26		542,314
		Organizations that follow SFAS 117, check here ▶ 🗸 and comple	ete lin	es 27	·			
s e s		through 29, and lines 33 and 34.						
a D	27	Unrestricted net assets			4,014,251	27		3,692,376
Balance	28	Temporarily restricted net assets				28		
=	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	comp	lete				
, or	30	Capital stock or trust principal, or current funds	_			30		
ěţš	31	Paid-in or capital surplus, or land, building or equipment fund.				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fur		· •		32		
	33	Total net assets or fund balances			4,014,251	33		3,692,376
Net	34	Total liabilities and net assets/fund balances			4,550,770	-		4,234,690
Pā	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Einancial	Statements a	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Additional Data

Software ID: Software Version:

EIN: 13-1940899

Name: AMERICAN ARCHITECTURAL MANUFACTURERS

ASSOCIATION

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Membership Dues	900,099	1,691,848	1,691,848		
b CERTIFICATION & ACCRED	900,099	1,016,789	1,016,789		
c MEETINGS	900,099	811,861	811,861		
d MARKETING	900,099	156,633	156,633		
e TRAINING FEES	900,099	37,526	37,526		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

American Architectural Manufacturers Association is a self-regulating organization comprised of window and door industry manufacturers, suppliers, and independent industry affiliated members. AAMA's corporate membership currently includes 448 organizations. The association provides a source of perfomance standards, product certiciation, and educational programs for the fenstration (windows, doors, etc) industry.

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DLN: 93493198007079

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

Open to Public Inspection

Serv								
	-	s," to Form 990, Part IV, Line 3, or		rt VI, line 46 (Political Ca	ımpaign Activities)			
	, ,, ,	mplete Parts I-A and B Do not complet						
	◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B							
	ction 527 organizations complete		E 000E7 D	() () () () () () () () ()	44			
		s," to Form 990, Part IV, Line 4, or		, , ,	•			
	` ,` ,	t have filed Form 5768 (election under t have NOT filed Form 5768 (election u	` ''	•				
	, ,, ,	s," to Form 990, Part IV, Line 5 (Pr		i)) Complete Part IPB Don	ot complete Fart II-A			
	ction 501(c)(4), (5), or (6) organi	•	ONY TAN					
	me of the organization	Zations complete rare iii		Employer iden	tification number			
	ERICAN ARCHITECTURAL MANUFACTUR	RERS ASSOCIATION						
				13-1940899				
Par		by all organizations exempt of the the instructions for Schedule C		501(c) and section	527			
1	Provide a description of the or	ganization's direct and indirect politic	al campaign activ	vities in Part IV				
2	Political expenditures				\$			
3	V olunteer hours							
Par	for Schedule C for d	oy all organizations exempt (etails.)	under section	501(c)(3). (See the	instructions 			
1	Enter the amount of any excis	e tax incurred by the organization und	ler section 4955		\$			
2	Enter the amount of any excis	e tax incurred by organization manage	ers under section	4955	\$			
3	If the organization incurred in	a section 4955 tax, did it file Form 4	720 for this year?		┌ Yes			
4a	Was a correction made?				┌ Yes			
b	If "Yes," describe in Part IV							
Par		oy all organizations exempt of starting starting starting (starting starting)	under section	501(c), except sect	ion 501(c)(3).			
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exempt	function activities	\$			
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribut	ed to other organ	izations for section	\$			
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lines	1 and 2 and ente	r here and on Form	\$			
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes			
5								
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

	Part II-B To be completed by organizations exempt under s				ed F		age 3
	5768 (election under section 501(h)). (See the instr	ructions for Schedule C for a				/L\	
			(a	1)		(b)	
		,	Yes	No	Α	moun	t
1 a	legislation, including any attempt to influence public opinion on a legislative referendum, through the use of						
		nes a through 1)3					
Ь		nes c tinough i)?					
C							
d							
e	, ,						
f	, , , ,						
g		· —					
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any	other means?					
į	, and the second						
j	j Total lines 1c through						
2a		tion 501(c)(3)?					
ь	b If "Yes" enter the amount of any tax incurred under section 4912						
С	c If "Yes" enter the amount of any tax incurred by organization managers und	ler section 4912					
d	d If the filing organization incurred a section 4912 tax, did it file Form 4720 f	or this year?					
Par	art III-A To be completed by all organizations exempt unde	er section 501(c)(4), sec	tion	501(c)(5)	, or	
	section 501(c)(6). (See the instructions for Schedule C	for details.)				·	
	We want to be tracked by a 11 (0.00) and a second and a december to second	Laura 2		_	$\overline{}$	Yes	No
1	, , , , , , , , , , , , , , , , , , , ,			-	1	V	Νo
2	, , , , , , , , , , , , , , , , , , , ,			-	3	Yes	NI -
3	3 7 7 3 1		.	F01/a			Νo
	art III-B To be completed by all organizations exempt under section 501(c)(6) if BOTH Part III-A, questions 1 are question 3 is answered "Yes." (See the instructions for the section of t	nd 2 are answered "No" (OR if	Part			
1 2	,	include amounts of political	-	1 \$			
2	expenses for which the section 527(f) tax was paid).	include amounts of political					
а				2a\$			
	b Carryover from last year			2b\$			
c	c Total		Ī	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeducti	ble section 162(e) dues		3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3	3, what portion of the excess					
	does the organization agree to carryover to the reasonable estimate of nonc	deductible lobbying and political					
_	expenditure next year?		<u> </u>	4 \$			
5	7 3 1 1	3 and 4)		5 \$			
	Part IV Supplemental Information						
	Complete this part to provide the descriptions required for Part I-A, line 1, Part Also, complete this part for any additional information	I-B, line 4, Part I-C, line 5, and I	Part II	-B, line	11		
	Identifier Return Reference	Explanati	on				
		-					

Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

DLN: 93493198007079

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** AMERICAN ARCHITECTURAL MANUFACTURERS ASSOCIATION 13-1940899 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Intructions for Form 990

Revenues included in Form 990, Part VIII, line 1

(i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Cat No 52283D

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2008

-\$

Part	Organizations Maintaining Collections of Art,	His	tor	ical Treasuı	res, or Othe	r Similar Asse	ts (co	ontinued)
3	Using the organization's accession and other records, check any items (check all that apply) $$	of th	ne fo	-	_	se of its collectior	1	
а	Public exhibition	d	Γ	Loan or exch	ange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and explain Part XIV	n hov	w the	y further the o	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as p					ılar	Yes	Г No
Par	Trust, Escrow and Custodial Arrangements. C Part IV, line 9, or reported an amount on Form 990	Com	plet	e if the orgai		ered "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	diary	for	contributions o	r other assets r	not	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table $% \left(1\right) =\left(1\right) \left(1\right) $	9						
						A mou	nt	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, line	21?				Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Par	Endowment Funds. Complete If the organization (a)Current Year						NEOUR V	ears Back
1a	Beginning of year balance	(1)	riioi	real (c) we	rears back (u)	Tillee Teals back (e	Ji Oui Ti	ears back
_								
b	Contributions							
C _	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held as	5						
- а	Board designated or quasi-endowment ▶	-						
ъ	Permanent endowment							
c 3a	Term endowment ► Are there endowment funds not in the possession of the organization.	tion	+ h = +	are hold and a	dministered for	tha		
Ja	organization by	LIOII	lliat	are neid and ac	anninstered for	tile	Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" to $3a(\ensuremath{\text{II}}),$ are the related organizations listed as required	on S	che	dule R?		3b		
4	Describe in Part XIV the intended uses of the organization's endo							
Par	t VI Investments—Land, Buildings, and Equipmen	t. S	ee	<u>Form 990, Pa</u>	rt X, line 10.	T	1	
	Description of investment			a) Cost or other asis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
1a l	and							
b E	Buildings	•						0
c l	easehold improvements				6,418	2,488		3,930
d E	Equipment				165,372	121,170		44,202
_ e (Other	•			20,689	10,786		9,903
Total	. Add lines 1a-1e (Column (d) should equal Form 990, Part X, colum	n (B)	, line	∍ 10(c).)		🕨		58,035
						Schedule D (F	orm 9	90) 2008

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Par	Reconciliation of Cl	hange in Net Assets from Fori	n 990) to F	inancial Stateme	nts	
1	Total revenue (Form 990, Part V	VIII, column (A), line 12)				1	3,828,311
2	Total expenses (Form 990, Par	2	4,087,275				
3	Excess or (deficit) for the year	3	-258,964				
4	Net unrealized gains (losses) oi	4					
5	Donated services and use of fac					5	
6	Investment expenses					6	
7	Prior period adjustments					7	-62,911
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Iir	nes 4 - 8				9	-62,911
10	, ,	per financial statements Combine line	s 3 and	d 9		10	-321,875
		evenue per Audited Financial			ts With Revenue	per R	<u> </u>
1	Total revenue, gains, and othe	•					3,828,311
	statements					1	
2		t not on Form 990, Part VIII, line 12	1	1			
а	Net unrealized gains on invest		•	2a		4	
b	Donated services and use of fa		.	2b		4	
С	Recoveries of prior year grants		.	2c		1	
d	Other (Describe in Part XIV)		• [2d		1	
е	Add lines 2a through 2d .					2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.		•			3	3,828,311
4		0, Part VIII, line 12, but not on line 1	1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	.	4a		1	
b	Other (Describe in Part XIV)		L	4b			
c	Add lines 4a and 4b					4c	0
5		d 4c. (This should equal Form 990, Par				5	3,828,311
		kpenses per Audited Financia		eme	nts With Expense	т"	
1	·	audited financial statements				1	4,087,275
2		t not on Form 990, Part IX, line 25		١ ـ	I		
a	Donated services and use of fa	icilities		2a		4	
Ь	Prior year adjustments		•	2b		-	
с	Losses reported on Form 990,			2c		4	
d	Other (Describe in Part XIV)		•	2d		┨ .	
е	Add lines 2a through 2d					2e	0
3	Subtract line 2e from line 1 .		•			3	4,087,275
4		D, Part IX, line 25, but not on line 1:		1 -	I		
а	· ·	uded on Form 990, Part VIII, line 7b		4a		4	
Ь	•		•	4b		4	
_ C	Add lines 4a and 4b					4c	0
5	<u>'</u>	nd 4c. (This should equal Form 990, Pa	rt I, lır	ne 18)	· · · · · ·	5	4,087,275
Com	plete this part to provide the des	ormation criptions required for Part II, lines 3, Part XII, lines 2d and 4b, and Part XI				art XIV	/, lines 1b and 2b,
	Ident if ier	Return Reference			Explana	tion	
			<u> </u>				

Part XIV Supplemental Information(continued)											
Ident if ier	Return Reference	Explanation									
	-										
	-										
	ļ										

Schedule D (Form 990) 2008

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As Filed Data -

DLN: 93493198007079

Schedule J

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 2008 Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization **Employer identification number** AMERICAN ARCHITECTURAL MANUFACTURERS ASSOCIATION 13-1940899

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel		Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all					
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990	, Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	l paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	complete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III		•	8		

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
RICHARD G WALKER (1)				41,250	48,113	354,263		
(ii)							
(i)								
(ii								
(i)								
(ii								
(i)								
(ii)							
(i)								
(iii)							
(i)								
(iii)							
(i)								
(ii)							
(i)								
(ii))							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	•	

Software ID:

Software Version:

EIN: 13-1940899

Name: AMERICAN ARCHITECTURAL MANUFACTURERS ASSOCIATION

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
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DLN: 93493198007079

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047 Inspection

Name of the organization **Employer identification number** AMERICAN ARCHITECTURAL MANUFACTURERS ASSOCIATION 13-1940899 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or Approved (e) In (g)Written (a) Name of interested person and from the (c)Original principal default? by board or agreement? (d)Balance due organization? purpose amount committee? Τо From Yes Yes No **Grants or Assistance Benefitting Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization Part IV Business Transactions Involving Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship (e) Sharing of organization's between interested (c) A mount of (a) Name of interested person (d) Description of transaction person and the transaction revenues? organization Yes No Henry Taylor Board Member 37,526 President of Architectural Νo Testing, Inc The company retained to administer the organizations Installation Masters Program

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization AMERICAN ARCHITECTURAL MANUFACTURERS ASSOCIATION Employer identification number

13-1940899

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		National Glass Association is sub-licensed by Architectural Testing, Inc to offer the organization's Installation Masters Educational Program on its website Phil James, the organization's board member is president of National Glass Association Henry Taylor the organization's board member is president of Architectural Testing, Inc
Form 990, Part VI, Section A, line 5		A forensic audit conducted in 2008 determined that between the dates of August 15th and December 12th in 2006, the organization's accounting manager forged and subsequently cashed checks with forged signatures totaling \$235,000. It was further determined that additional funds were wrongfully diverted by the accounting manager through the theft of monies from the organization's flexible spending account, duplicate expense account reimbursements, and fraudulent use of the organization's petty cash account, increasing the totality of the theft to \$283,944. Through legal action, the organization was able to recover the entirety of the stolen funds and recapture the portion of the cost of pursuing the stolen funds, deemed legally recoverable.
Form 990, Part VI, Section A, Iine 10		The Form 990 is first reviewed by the accounting staff with the executive director, then presented to the Finance Committee for its review and endorsement for board approval
Form 990, Part VI, Section B, Iine 12c		AT THE START OF EVERY BOARD MEETING, THE CHAIRMAN INQUIRES AS TO ANY NEW REPORTABLE CONFLICTS OF INTEREST BOARD MEMBERS ARE ENCOURAGED TO REPORT CONFLICTS AS THEY ARISE BETWEEN MEETINGS
Form 990, Part VI, Section B, line 15		The process of determining the compensation of the President and CEO is through the review and approval of the board of directors - executive compensation committee, benchmarking with the 2008 National Compensation Study, and Association chief staff executives by american research company. The process of determining the compensation of top management, other officers and key employees is through the review and approval of the board of directors - executive advisory committee, benchmarking with the 2008 National Compensation Study, and comparison with the 2007-08 Association Forum compensation and benefits study
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy and financial statements available upon request

DLN: 93493198007079

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Open to Public Inspection

Name of the organization AMERICAN ARCHITECTURAL MANUFACTURERS ASSOCIATION	Employer ident	tification number			
THE REAL PROPERTY OF THE PROPE	13-1940899				
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income E	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity sta	(F) atus Direct controlling entity
AAMA Research Foundation 1827 Walden Office Square Schaumburg, IL60173 36-2918956	Conduct Research Projects for the Door and Window Industry	IL	501(c)(3)	170(b)(1)(A)(vi)	
The Installation Masters Institute 1827 Walden Office Square Schaumburg, IL60173 30-0207184	administer certification programs	IL	501(C)(6)		

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

No

No No No

No

No

No

No

No

No

No

No

No

1d

1f

1g

1i

1j

1k

11

1n

1m Yes

Yes

Part V	Transactions with Related Organizations	
Not e.	Complete line 1 if any entity is listed in Parts II, III or IV	_

Note. Complete line 1 if any entity is listed in Parts II, III or IV					
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	(
b Gift, grant, or capital contribution to other organization(s)	,				
1c	. T				

- **c** Gift, grant, or capital contribution from other organization(s) **d** Loans or loan guarantees to or for other organization(s)
- **e** Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees

(5)

(6)

11	0	No
1	р	No
1	q Yes	
1	r	No
esholds		
(C) nt Involved		
	2,30	00
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(C)

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	T	ı	(5)		· -			1	1					
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(D) Are all partners section 501(c)(3) organizations?		partners section		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No				
	1	1				ı		1						